

**Statement of Organization
Recipient Committee**

Statement Type Initial Amendment Termination - See Part 5
 Not yet qualified or Date qualified as committee _____
 _____ Date qualified as committee _____ Date of termination _____

Date Stamp	CALIFORNIA FORM 410
RECEIVED CITY OF BEVERLY HILLS 2018 JAN 10 A 11:07 CITY CLERK'S OFFICE	For Official Use Only indexed 1/10/18 bp

1. Committee Information I.D. Number (if applicable) 1391104 **2. Treasurer and Other Principal Officers**

NAME OF COMMITTEE _____ NAME OF TREASURER VERA MARKOWITZ

STREET ADDRESS (NO P.O. BOX) VERA MARKOWITZ For Beverly Hills City Council 715 ARDEN DRIVE
 STREET ADDRESS (NO P.O. BOX) _____ CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

715 ARDEN Drive, CA 90210 (310) 8908403 Beverly Hills CA 90210 310-8908403
 CITY STATE ZIP CODE AREA CODE/PHONE NAME OF ASSISTANT TREASURER, IF ANY _____

MAILING ADDRESS (IF DIFFERENT) _____ STREET ADDRESS (NO P.O. BOX) _____

E-MAIL ADDRESS (REQUIRED) / FAX (OPTIONAL) (310) 277 0329 MARKOWITZ.V@gmail.com
 COUNTY OF DOMICILE JURISDICTION WHERE COMMITTEE IS ACTIVE
Los Angeles Beverly Hills

NAME OF PRINCIPAL OFFICER(S) _____
 STREET ADDRESS (NO P.O. BOX) _____

CITY STATE ZIP CODE AREA CODE/PHONE _____

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 1/9/2018 By [Signature]
 DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____ By _____
 DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
 DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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